

The Use of Drama Therapy with Families According to the Circumplex Model

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Abstract

Drama Therapy with Families According to the Circumplex Model

Londa Daniel

This case study describes the process of one family in family therapy as they work to improve their communication; communication is assessed according to family member's ability to express him or herself clearly as well as receive information from other family members, and acknowledge and reflect messages from others. Various drama therapy interventions were employed to address communication flaws, enabling the family to use alternative approaches to treatment including work with roles, play, story, and puppets. This thesis includes a review of traditional family therapy interventions and assessment methods, followed by a description of how the Circumplex Model (Olson & Gorall, 2003) may be used to assess areas of family dysfunction. Following this, the thesis describes a family in the process of family therapy, including an assessment according to the Circumplex Model and an illustration of how various drama therapy interventions were used in therapy.

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The use of Drama Therapy with Families According to the Circumplex Model

Introduction

When working with families in therapy, creative, playful, approaches are becoming more popular, with therapists using embodied activities like psychodrama (Oxford & Wiener, 2003), action methods (Wiener & Oxford, 2005), narrative therapy (Jennings, 1990), or dynamic play therapy (Harvey, 2003). The use of drama therapy interventions within family therapy has not been well recognized, and more literature is needed for therapists who wish to implement drama therapy-related techniques in their work with families. Following a thorough literature review, there are no other documented attempts at using drama therapy techniques to address dynamics according to traditional assessment tools such as the Circumplex Model of family systems (Olson & Gorall, 2003).

Chapter 1: Traditional Family Therapy Models

As Wiener and Oxford (2003) explain, family therapy is frequently referred to as *conjoint therapy*, meaning therapy for more than one client (groups, couples, or families). It is also often referred to as *family systems therapy*, a term that reflects the importance of the family as an organism that functions as a whole - each component being influenced by other components, rather than existing as separate individual elements. Wiener and Oxford state that relationships are the context under which most individuals “live and ... shape their thoughts, feelings, and behaviours” (p. 4); thus, a focus on family relationships may provide some clients the opportunity for more global improvement as compared to individual therapy.

A focus on the family system as a whole enables the therapist to identify dysfunctional patterns that may cause pathology in individual family members. Rather than working with each individual on their symptoms, family therapy enables the therapist to address the entire family system, and repair their core problems. Especially in the event of child therapy, research suggests that including the parents in therapeutic interventions increases the likelihood of producing long-lasting changes in a child's world (Landreth & Bratton, 2006).

With an apparent increasing frequency of divorce, interventions based upon traditional family systems (with both mother and father) may not be applicable to other family compositions (consisting of step-parents, partners, and ex-husbands and ex-wives). Thus, many families seeking therapy will likely require a more flexible framework that addresses a variety of family compositions, requiring interventions that address the unique needs of each case.

The Circumplex Model

The Circumplex Model of family systems is a conceptual framework that describes patterns in family relationships. Based on family systems theory, this model has been used to assess dysfunction within families for the past 30 years (Olson & Gorall, 2003). As discussed by Olson (2000), this model encompasses 3 dimensions: cohesion, flexibility, and communication. The first dimension, cohesion, describes the family's level of emotional bonding, togetherness, and the establishment of boundaries. Levels of cohesion range from disengaged to separated, to connected to enmeshed; with either extreme (disengaged or enmeshed) indicating unbalanced, dysfunctional patterns of

connectedness. Balanced relationships (separate or connected) are able to negotiate more functional ways of being together or apart in relationships. Similarly, families vary in levels of flexibility within their relationships. This is measured by their ability to exhibit stable, predictable leadership roles and rules; patterns range from rigid, to structured, to flexible, to chaotic. Again, at the extremes, these roles become problematic because healthy families need stability, with the ability to change when necessary. The third dimension, communication, is assessed according to their listening and speaking skills, self disclosure, clarity, continuity tracking, respect and regard for each other. Given the nature of the communication domain - helping family members to express their needs to each other, and receive information about patterns within the family - communication may be necessary in order to address the other two domains - cohesion and flexibility. Because of this, interventions aimed at improving communication provide an ideal starting place during therapy.

The Circumplex Model has been used primarily as a method of assessment, indicating dysfunctional patterns within the family system, and suggesting which direction the family needs to move to become more balanced (Olson & Gorall, 2003). The Circumplex Model is one of many used to assess families; often the assessment is influenced by the type of treatment prescribed. For example, an attachment therapist would use measures of attachment to determine where to begin working in therapy.

Family Therapy Interventions

After identifying treatment goals, traditional family therapy interventions generally proceed under one of three broad classes (Mikesell, Lusterman, & McDaniel, 1995): (a)

here and now interventions, (b) transgenerational interventions, and (c) ecosystemic interventions. Here and now interventions focus on the organization of the family as a system (Mikesell, Lusterman, & McDaniel, 1995), identifying problematic aspects of their relationships and patterns. Several schools of treatment fall under this category, including cognitive-behavioural, functional, structural, and strategic interventions (Carr, 2006). All of these approaches focus on the current behavioural patterns of family relationships, coaching families to practice more healthy interaction patterns.

Transgenerational interventions address family problems that have been inherited from previous generations of the family (for instance, trauma, abuse, or attachment patterns; Boszormenyi-Nagy & Spark, 1973). Using transgenerational approaches, the therapist would focus on the family's background, doing a genogram assessment to identify multigenerational problems. Therapy would help families to differentiate from previous generational dynamics, teaching them to develop more healthy patterns of relating to each other (Carr, 2006).

Other methods include ecosystemic interventions which focus on relational aspects within the family, as well as how the family is affected by external culture and society (Auerswald, 1968). Attachment interventions focus heavily on attachment styles within families (Liddle & Schwartz, 2000). Emotion-focused approaches use attachment theories to look at the affect associated with different attachments in relationships (Johnson, 2004). Treatment is determined by a combination of the therapist orientation and the individual needs of the family, and will frequently draw from a variety of these approaches. Similarly, when drama therapy is used in family therapy, it draws from many

of these theoretical models, applying these models through the use of drama-based activities.

Chapter 2: Drama-based Interventions used with this Population

A review of family therapy literature suggests that there are many similarities between traditional family therapy interventions and drama therapy interventions. For instance, many drama therapy methods require the client to be actively engaged in session, embodying their natural state of relating to each other, including fighting, crying, and conversing naturally in the therapy space (rather than passively recounting past events in the therapy session; Wiener & Pels-Roulier, 2005). Such drama therapy techniques include, but are not limited to, psychodrama, embodiment, and role-playing. Similarly, early family therapy techniques require the use of “enactments” or “re-enactments” whereby the family engages in their natural manner of being and working through conflict so that the therapist can observe natural dynamics (Minuchin & Fishman, 1981). Recently, others are recommending that clients invoke emotional states within the therapy session in order to address conflicts, for instance, Gottman (1999) in his work with couples in therapy.

Within many drama therapy techniques, the work shifts from the literal, verbal realm into the *playspace*, a term created by David Read Johnson in his practice of Developmental Transformations (Johnson, 2005). The playspace denotes a state of play, spontaneity, presence, and real or imagined being. This state is dependent upon a mutual understanding among participants that the playspace may be both real and fictional at the same time, and behaviour may “represent harm, but not commit it” (Johnson, 2005, p.

13). When clients enter the playspace in family therapy, they shift from literal, verbal, dialogue, to playful, transformative, embodiment. In this state, families can discuss and *play* with issues that are otherwise untouchable, or taboo, within the family. Furthermore, because there is no distinction between what is real or fictional, clients are removed from arguments about the past, and they learn to be together in the present. This provides an opportunity to help family members listen to each other's feelings and experiences with less likelihood of becoming defensive or arguing about facts; instead, they learn to play with, and understand, each other's experiences no matter how far-fetched their experience may seem within reality. This section will describe a variety of specific drama therapy techniques that can be used in family therapy to achieve these goals.

Dramatic Doubling

Leveton (1991) uses *doubling* in family therapy to decrease resistance and enable client expression. In this method, one client stands next to, or behind, an individual and assumes the role of that person, taking on their body posture and voice tone, and imagining the individual's possible emotional experiences. Family members offer responses on behalf of the individual, making guesses about what they are feeling. The individual who is being doubled for can then reject, accept, or explore this offer. Doubling can be done by the therapist, or by other members of the family to increase empathy, communication, and to address issues within the family. The use of this activity moves the family into the playful realm, enabling them to play with responses, exaggerating or testing-out possible emotions. Traditional family therapy approaches use a similar technique called *active listening* to strengthen communication and increase

empathy. This technique asks clients to repeat the content of what their family members or spouse is expressing, sometimes making interpretations about the underlying emotions embedded in the statement (Hoppe, 2006). Like dramatic doubling, active listening aims to improve communication, and requires that clients learn to listen to each other.

One of the reasons dramatic doubling is chosen in this case study is that through doubling, clients are encouraged to actually assume the role of their family member, which shifts the activity into the playspace (Johnson, 2005). Rather than merely reflecting responses, clients actually assume the role of the individual, and are able to be playful with their responses because they are playing within a fictional realm rather than practicing a reflective technique. Thus, doubling encourages exploration of empathy at a much deeper level than traditional approaches.

Action Methods

Wiener and Oxford (2003) bring drama therapy into their work with families, calling their technique “action therapy”, a technique that “engage(s) clients in physical activity or in taking on dramatic roles” (Wiener & Pels-Roulier, 2005, pg 86; Satir, Banmen, Gerber, & Gomori, 1991). Wiener and Pels-Roulier (2005) describe the term “action method” as reflecting techniques from psychodrama, play therapy and drama therapy, providing an extensive list of drama therapy activities that could be used with families. The list includes some classic techniques like family sculpting, empty chair techniques, enacting and restructuring scenes from one’s life, and the use of therapeutic rituals and ceremonies.

Wiener and Oxford (2003) discuss the benefits of communicating in visual, symbolic, and play languages, specifically, facilitating the expression of complex feelings and problems using a variety of means, allowing the therapist to avoid the limitations of talk therapy. Action methods remove families from their typical context, enabling them to process and think about issues from new perspectives. Within this framework, clients can play out roles and relationships, and they can experiment with feelings and practice new behaviours in a safe environment.

Role Theory

Robert Landy, a drama therapist, assesses and treats clients according to his theory of roles. Landy believes that all individuals play particular roles that are determined by a person's genetics, upbringing, and social, cultural, interpersonal, and environmental demands (Landy, 1993). Therapy encourages clients to experiment with new roles and behaviours, expanding their role repertoire, increasing spontaneity, and developing more adaptive ways of relating to others. For example, one individual may play a variety of roles including woman, mother, daughter, lover, wife, adulterer, caregiver, nurse, lawyer, secretary, child, adolescent, and adult, to name a few. Individuals can have many different roles, and some may even conflict with each other, for instance, playing both mother and daughter at the same time. Familiarity with roles can decrease anxiety by providing a stable personality and sense of self, as well as a consistent way of responding in social situations. However, Landy believes that individuals can get stuck in particular roles and this can limit their ability for personal and interpersonal growth (1993). Landy believes that a healthy individual is able to

experiment with many different types of roles, thus, the goal of therapy is to help clients experiment with new roles, thus expanding their role repertoire.

Within family therapy, members may become stuck in particular roles within the family system. For instance, mom and dad may become too stuck in particular parenting styles, or roles such as the role of the 'disciplinarian' or the 'playmate', and may neglect other aspects of their parenting roles. This may be especially likely to occur when families are in a crisis state, whereby parents fulfil their roles as providers, yet stop carrying out other important, playful, roles. Children too, can get stuck in particular roles within the family, sometimes taking on the role of the mother or father, for instance. In therapy, families can benefit from identifying these roles, and working within the therapy space to experiment with new roles, both personally, and within the family system.

Narrative Therapy

Jennings (1990), works with individuals and families to create stories (both fictional and non-fictional) that relate to their life experiences and relationships. Rather than addressing the family as a whole, some narrative therapists dialogue with one family member, transforming the silent family members into an audience (Freedman and Combs, 1996). The audience may be asked to reflect on what they've heard, a reflection that becomes part of the narrative. The narrative therapist uses questions, rather than interpretations, to assist the family in finding their own solutions to conflict. When working with fictional stories, the therapist allows the family members to find their own meaning in the story, minimizing influencing the clients with their own interpretations.

Narrative therapy can be a very useful technique to employ when working towards strengthening communication as it requires that the group act as an audience, listening to one family member at a time. The therapist guides the individual in an exploration of their story to find meaning and symbols in the story. During this process, other family members view the individual in new ways, and experience their story in a new light.

Dynamic Play Therapy

Another family therapy technique, called *dynamic play therapy*, draws from a variety of the creative arts therapies to address patterns of family dysfunction. It may include activities using art, movement, drama, storytelling and video-making (Harvey, 2003). Harvey explains that the use of creative activities can facilitate attachment and bonding through engaging in positive, playful activities together (1990). This playful approach opens discussion of topics that are otherwise closed due to a high loading of stress and emotion. Furthermore, dynamic play therapy can be particularly useful when involving children in family therapy; children often have difficulty communicating feelings and experiences, yet play and symbol can serve as an alternate language in therapy. The goal of dynamic play therapy is to ultimately teach the family to be playful, flexible, and creative in their approach to solving problems in their relationships, working in a language that children can use and understand. Virginia Axline, creator of the play therapy approach (1989), agrees with the notion that children use play as a language of communicating their experiences. Thus, therapists can teach parents to communicate with their children using play, as an alternative to other listening and communication strategies.

Chapter 3: Description of Research Project

Statement of Purpose

This thesis examines how drama therapy activities can be used in family therapy to improve communication among family members. It describes one family's ability to share thoughts, feelings, and experiences with each other, as well as the ability to listen, accept and reflect the feelings and experiences of others prior to, and during, treatment with drama therapy. Communication will be assessed according to the Circumplex Model of family systems (Olson & Gorall, 2003). This model will inform specific drama therapy treatment interventions to be used in therapy. Effectiveness of the drama therapy technique will be assessed according to observed levels of communication during therapy sessions, and observed changes in communication as a result of specific therapeutic interventions.

Research Question

How can drama therapy activities be used in family therapy to improve communication between family members according to the Circumplex Model.

Method

This research endeavour was conducted by a training drama therapist completing an internship at a Jewish community organization that provides family therapy. While completing the internship, one family was selected from the intern's pool of clients to be the focus of the research project. This family was chosen because they met criteria for

the study, attended sessions relatively regularly, and willingly consented to participate in the research project.

The only requirement for participation was that the family must demonstrate a commitment to attending regular drama therapy sessions. Just as in practice, there was no way to anticipate the individual family's circumstances leading them to be referred to therapy. Furthermore, there was no way to predict the specific life events that would occur and influence the course of therapy; the process of therapy is always subject to life-events occurring while clients are engaged in treatment. Thus, this intervention was designed to address the specific needs of this chosen family.

After determining that a family was suitable, I approached them and described the project. The family was informed that their treatment in therapy would not be affected in any way as a result of their decision to participate in the research project. Having agreed to participate in the project, their progress throughout treatment was documented, and detailed notes were taken describing therapeutic interventions and the family's response to these interventions. The family consented to the disclosure of non-identifying information. To view a copy of the consent agreement, see appendix.

All family members consented to participate, children under 14 provided verbal, informed consent, while parents provided written consent. Children provided consent with an understanding of what participation would entail, and parents assumed the responsibility of providing written consent on behalf of their children. The family did not benefit from consenting to the research component of this project; no remuneration was offered as an external source of motivation to participate.

The Circumplex Model (Olson & Gorall, 2003) was used as a method of assessment to determine areas of family dysfunction, informing the treatment intervention, and providing a model through which the intervention's success or failure is determined. Specifically, communication is assessed according to the Circumplex Model both prior to, and following, the drama therapy intervention to determine if communication was improved.

The research project was designed to describe the first 13 weeks of therapy, however, circumstances limited the intervention to 7 sessions. Following these initial 7 sessions, the family continued to attend therapy; these sessions were not included in this thesis project due to time restrictions. Therefore, this thesis does not describe the process of termination using drama therapy techniques.

Limitations

Within qualitative research, case studies are limited by small sample size (one family in this case). Furthermore, given that each client will have unique circumstances, the findings of this study will not be easily generalizeable to other families or populations. Instead, this manuscript will read as a narrative, suggesting interventions that can be employed when working with families or groups.

This study is also limited by the fact that the researcher is a training therapist, and thus, results might not be comparable to those of an experienced therapist. Furthermore, because the therapist will also be the researcher, there is a level of bias inherent in this study. In an attempt to increase the objectivity of the project, the therapist-researcher sought guidance from both clinical and academic supervisors.

Chapter 4: Case Example

Reason for Referral to Agency:

This family was referred from the school guidance counsellor to family therapy early September 2010 following a change in the academic performance of Michael, the family's second youngest son. In the referral form, teachers commented that Michael's academic functioning had decreased significantly, his cognitive and psychomotor abilities had declined, and his general energy seemed lower than usual. Teachers used the words "sad" and "inattentive" to describe Michael during the past year at school. During the referral process, the assessing psychologist expressed concern that Michael has taken on too much emotional stress at home, and suggested that he would benefit from individual or family therapy to address conflicts at home.

Client Description:

This family is composed of mom, dad and 4 children. Mom is 41 years old, dad is 55, the oldest child, Jason, is 10, the next child is Jonathan, 9, then Michael, 8, and Max, 5. Mom and dad separated a year and a half ago following a financial crisis and a high degree of conflict in the relationship. Since this time, they have functioned with a high degree of interaction and involvement in each other's affairs, sharing turns in the house while the other is at work. All 4 children remain living in the family house while dad moved into a new residence and each day dad returns to the house to care for the children until mom gets home from work. Both parents work full-time but on different schedules, allowing them to alternate time with the children.

Both parents previously participated in individual psychotherapy, although neither of them are currently in treatment. Jason, the oldest child, participated in art therapy a few years ago to cope with gastrointestinal symptoms that were attributed to psychosomatic stress. None of the other children have received any form of individual psychological support. In order to protect the identity of the clients, all identifying information has been changed.

Observation of Family Dynamics during initial Assessment:

The activity conducted during this initial assessment will be described in detail later in the context of describing therapeutic interventions. During this first appointment, Mom and dad sat across from each other. They described their relationship as unusual given that they continue to share their house, with mom living in the house full-time, and dad visiting daily to help with the children while he resides elsewhere. Both parents initially reported a cordial divorce, but with further probing they described having difficulty negotiating time spent with the children and managing their difficult financial situation.

During the assessment I observed the dynamics of the family through the lens of the Circumplex Model of assessment (Olson & Gorall, 2003). I noticed that the family has severe difficulties in communication, family members seem to struggle to express themselves, and have difficulty accepting each others' expressed feelings. While asking individuals specific questions, other family members would interrupt, or deny, each others' experiences. While the children shared with me, both mom and dad were inattentive unless the conversation involved them specifically, for instance, during one

conversation between myself and Michael, mom disengaged by text messaging on her blackberry phone. Given the large size of the family, containing mom, dad, and 4 children, it is difficult to provide opportunity for each family member to feel heard during each therapy session. Because this is notable during the session, equal opportunity for expression is likely also a problem for the family at home.

Within the family dynamics, I noticed that Mom seems to hold a lot of power; she takes the lead in conversations, speaks confidently, and the children seem quick to respond to her. Mom was very verbal during the assessment; she talked freely about her feelings, the divorce, the children's problems, and her own conflicts with dad. Dad on the other hand, remained more passive during the assessment, when asked for his opinion he opened up, expressing concern for the children, and then describing his own emotional struggle following the divorce. Dad described feeling depressed, with few resources for support. During the course of treatment, it became clear that dad would benefit from individual counselling; he was referred to individual psychotherapy within the same organization and was put on a waitlist. He was contacted for individual treatment after the initial 7 weeks of therapy described in this thesis were completed.

During the assessment, both parents expressed concern for their children, especially Michael, who plays the role of the peacekeeper, or referee, solving the family feuds, while internalizing his own feelings. Consistent with this role, Michael expressed concern for others and did not recognize his own difficulties at school. Jonathan, the second oldest son, was immediately eager to share his feelings during the assessment. He was very emotional and reactive when other members of the family expressed themselves, interrupting and becoming frustrated when he disagreed with others'

opinions. Dad commented during the assessment that Jonathan and mom have a strained relationship because they are both very emotionally expressive.

Jared, the oldest child, declared that he did not wish to attend future sessions because he did not feel the family needed therapy. During the assessment, I learned that Jared had previously attended art therapy sessions to address anxiety that was manifesting in gastrointestinal symptoms. By the end of the assessment, Jared was less resistant, engaging in discussions and debates more freely. The youngest son, Adam, did not participate in the discussion, although he engaged by playing with the toys in the room. Adam was responsive to questions, and played with his brothers, often distracting everyone from the ongoing discussion.

Assessment of Family Dynamic According to the Circumplex Model

Cohesion

The first domain of the Circumplex Model, cohesion, describes a family's level of emotional bonding and establishment of boundaries (Olson & Gorall, 2003). Levels of cohesion range from disengaged to separated, to connected to enmeshed; with either extreme (disengaged or enmeshed) indicating unbalanced, dysfunctional patterns of connectedness. Balanced relationships (separate or connected) are able to negotiate more functional ways of being together or apart in relationships.

According to the Circumplex model, this family demonstrates a high level of enmeshment. This can be observed in the high frequency at which both parents share their emotions with the children, and the role that the children play in containing and managing these emotions. Evidence of this is found in remarks made by mom during the

assessment pertaining to her own stress, emotional needs, and her expectations that the children help manage these emotions.

Dad's behaviour also pushes the family towards enmeshment. This is evident through report from the children of their observations of their father's behaviours – appearing teary-eyed, and depressed, and frequently and openly expressing his feelings of sadness to the kids. This has resulted in instilling the children with a sense of responsibility towards holding dad's emotions, and helping him feel better, as seen in the children's behaviour when they encourage dad to get 'out more' or start dating. Furthermore, the children describe feeling unsafe with dad, commenting that he frequently falls asleep while he looks after them, making the kids feel that he is not a strong, consistent, caregiver. According to Landy's role theory (1993), this is an example of dad getting stuck in the role of the sad, depressed, victim, whereas the children are placed in caregiver roles.

Further evidence of enmeshment can be seen in mom and dad's tendency to share information with their children about their feelings towards each other. For instance, mom will remark about dad's weakness and depression, and dad will similarly criticize mom; both enabling a space whereby children are encouraged to side against the opposite parent. Understandably, it is likely that these comments affect the way in which the children feel about their parents, burdening the children with information about their parents' conflicted relationship.

Upon inquiring, it became clear that this family functions as a closed system; not involving other adults or community members in their regular patterns. Due to the demands of work and caring for the children, neither parent has strong social lives

outside of the family. Even the children spend most of their time outside of school with each other. Hence, everyone has become reliant upon the family to meet their emotional and social needs, failing to develop individual resources outside of the family system.

In treatment, therapeutic interventions aimed at balancing cohesion can help the family to recognize these patterns and practice ways of establishing boundaries with children. Therapy may also contain an educational component for parents to facilitate recognition of dysfunctional patterns, potentially helping mom and dad to separate, and be less involved in each other's personal lives.

Flexibility

The second dimension of the Circumplex model is the degree of flexibility within the family; this dimension measures leadership taken in roles and relationships (Olson, 2000). It also measures rules and negotiation styles, and the extent that family members contribute to determining these factors. Unhealthy extremes of this dimension appear rigid, with one, highly controlling individual always in charge of making decisions, rules and relationships are very structured and inflexible. At the other extreme, there is a real lack of defined rules and roles within the family. There is a general feeling of chaos within daily life, decisions are made impulsively and leadership is taken inconsistently.

Based on client description, it seems that mom assumes the role of the leader within the family, perhaps not sharing enough of this role with dad. Because of this, dad's role as a leader is not respected by the children, who look to mom to make decisions. Furthermore, when dad has time with the kids, it seems that decisions are made with input from everybody, and family time can be very spontaneous and collectively

determined, perhaps to the extent that it lacks a safe level of structure. With mom, however, activities seem to be more structured; children complain that they do not spend quality time with mom, never playing or having downtime. Instead, mom directs how time is spent, with most of this time devoted to practical activities like doing homework, making dinner, or cleaning the house.

Given the dichotomy created in mom and dad's styles of parenting, there is an imbalance in level of flexibility between the two parents. When kids spend time with mom they feel that they do not have a part in making decisions. With dad, they have too much control in many ways, making decisions, and having too much flexibility. When both parents are together, mom dominates decisions, demoting dad into the position of another child.

Relating these patterns back to Landy's role theory (1993), we see that both parents have become stuck in roles that are quite typical for parents – the disciplinarian and the playmate. However, because these roles are rigidly held, it means that mom always takes on the serious role of the disciplinarian and dad is cast into such a child-like role that he loses respect. According to Landy's role theory, both parents would benefit from practicing other roles within the family. It seems that the children may benefit from seeing their father play stronger roles, with mom taking on more playful roles. Furthermore, it seems that some of the children are also stuck in particular roles – Jonathan is stuck in an overly emotional role, while Michael is stuck in a peacekeeper role, never being emotional.

Within therapy, using drama therapy interventions enables the family to experiment with different levels of flexibility in their roles and relationships, teaching

family members to play with each other, and relate to each other in new ways. This may help mom to be more present and flexible in her parenting styles, whereas dad may learn to take on new, more authoritative, roles within the family system.

Communication

Communication, the third dimension of the Circumplex Model, and the focus of this thesis, describes the level of self-disclosure, the clarity of this disclosure, as well as the ability to listen, show respect, and practice empathy observed within family interactions (Olson, 2000). Family systems range from having exceptional communication, where members share openly when appropriate, and their comments are received, acknowledged, and valued, to the other extreme where family members are not able to express themselves or hear other's expressions.

Understandably, communication plays a large role in family therapy in affecting the ability to make shifts in the other dimensions – cohesion and flexibility. Family members must be able to listen to the feelings of other members as well as the therapist, receive this information, and then reflect on their own behaviour before being able to make changes in other domains. This is because without communication, members may be limited in their ability to process, observe, and conceptualize their family system as others see and experience it. Similarly, they may struggle to communicate their own experiences of the family dysfunction to others, limiting the potential for change to occur.

This particular family's communication is severely limited. Even within the assessment, I observed that mom is very verbal with the family, and when she does so, dad engages in disagreement. When the kids attempt to share with the family, they are

often interrupted by another family member, or corrected by mom, who criticizes or interprets his feelings. At times, both parents appear disinterested when the kids make attempts at communication.

This lack of communication likely influences the children's tendency to interrupt and criticize each other, behaviours that occur with a high frequency in the therapy office. Understandably, this is a good place to begin work in therapy, as improvements in communication seem to be critical before this family can make other improvements.

Structuring Sessions:

Following the initial appointment, it was clear that there were many possibilities for treatment for this family. One option would be to see Michael, the reason the family was referred, on his own. This option was attractive because Michael seemed to have a difficult time expressing himself in the presence of five other family members who were also eager to be heard. That being said, the fact that every other member of the family could benefit from partaking in therapy made it difficult to limit treatment solely to Michael. Furthermore, working individually with Michael would not address the underlying family issues that are most likely the source of Michael's symptoms.

Studies have found a relationship between children's behaviour and the level of family cohesion and conflict at home (Lucia & Breslau, 2006; Matherne & Thomas, 2001; Slee, 1996). Specifically, Lucia and Breslau (2006) found that low family cohesion and high conflict was associated with greater externalizing problems in children. Shields and Clark (1995) examined family cohesion and adaptability, and found that the level of adaptability of the family also plays a role in a child's externalizing behaviour. According

to the research of Lucia and Breslau (2006), Matherne and Thomas (2001), and Slee (1996), a therapeutic intervention that addresses the family's system as a whole may be more beneficial to all family members rather than providing temporary treatment for only one individual within a family.

Other theorists believe that it is best to work only with the parents, teaching them appropriate parenting skills; this approach is called *Filial Therapy* (Landreth & Bratton, 2006). This approach teaches that providing parents with basic play therapy skills such as the ability to reflect, and set limits, will have more extensive therapeutic benefits for the child than a short-lived bout of therapy.

Given the high frequency of conflict between mom and dad in this particular family, working with the parents together resulted in focusing much of the session on addressing conflict between mom and dad. Thus, this structure was abandoned following the first 5 sessions, when both parents expressed a desire to take turns attending sessions with the kids. In many ways, this made sense given that the parents are no longer functioning as one family system, but rather, as two connected family systems. Thus, therapeutic work aimed at strengthening one family system may be maladaptive in this case where the family needs to function as two connected, but separate, systems.

Additionally, mom and dad each attended an individual session without the children. In these sessions, both parents were given an opportunity to share their feelings regarding the therapy process and their feelings regarding the divorce. Both parents received psychoeducation regarding setting limits and boundaries with the children, informing them that the children should not be carrying the weight of their parents' emotions and household conflict.

Therapeutic Goals:

Following the assessment, specific goals were constructed; first and foremost, a significant amount of the therapeutic process concentrated on strengthening communication within the family system. Most activities were aimed at facilitating expression, and finding new ways for family members to receive messages from each other.

Second, therapy was aimed at establishing and strengthening parent-child boundaries. It is important that parents establish more solid boundaries in how they relate to their children – protecting kids from the stresses of adulthood and the details of their adult relationships.

The third goal was to establish a balance between the level of flexibility used in parenting styles between mom and dad, teaching mom to share leadership with the children while teaching dad to assert more leadership.

In order to achieve these goals, it was important to create a therapeutic space where the family felt comfortable and safe. Separating mom and dad in this intervention constitutes part of creating this safety, and adjusting the focus of the therapeutic work to address two family systems rather than one. This resulted in both parents feeling more comfortable within the therapeutic space.

Chapter 5: Description of Drama Therapy Interventions

Drama Therapy Assessment

I will now describe the particular drama therapy activities that were chosen for this family intervention. Each description will include the rationale for selecting particular activities as well as the family's response to these activities.

Upon arrival at the first appointment, mom and the four boys sat down on the couch, and dad sat on the chair. Mom and dad were positioned so that the four children were between them. I sat in a chair across from them. We began talking about the reason for referral, and I described the process of assessment and treatment.

Mom and dad briefly told the story of their divorce, and explained that Michael had been referred for psychological treatment due to a decline in his academic performance. I began posing questions to the boys regarding the divorce and the idea of coming to therapy; none of them were responsive, and seemed to be uncomfortable in the therapeutic space, moving around and play-fighting with each other.

At this point, I initiated a drama therapy activity, encouraging the entire family to engage in a common task; specifically, I asked the family to use various artistic supplies to create a tower together. This activity provides an opportunity for the therapist to observe the way in which family members interact and works together towards a common task. This activity has been described as a technique to observe interactions during assessment in marriage and couples therapy (Gottman, 1999). The therapist should not provide too much direction, allowing the family to create freely. This particular task

was used, but a wide array of activities could have been useful here, the purpose was to encourage the family to work together on a common task.

After I described the activity, the four boys eagerly moved to sit on the floor and began examining the art supplies. I also moved to sit on the floor with them. Mom declined an invitation to partake in the activity, claiming that they would “let the boys complete the task”, dad agreed with mom’s statement. While the boys worked on the task, mom maintained a verbal dialogue with me, describing their home life and family history. While the children worked, Dad expressed interest in what the boys were doing, leaning his body forward and asking them questions about their work.

While the boys worked, they began to respond to the discussion taking place between mom, dad, and myself. Specifically, mom described feeling exhausted and alone in her parenting duties, and she expressed a desire to engage in personal activities outside of the home. During this conversation, Jonathan expressed sadness towards mom, claiming that he felt that she doesn’t want to be home with him and his brothers. Once Jonathan had opened up, the other boys expressed a sadness regarding their parents’ divorce. During this conversation, mom and dad both argued with each other, and did not respond to the children’s expressed emotions. With the Circumplex Model (Olson & Gorra, 2003) in mind, this may be indicative of a significant deficit in communication between children and parents, whereby the parents seem more engaged in the ongoing conflict between them than their ability to empathize with their children.

Towards the end of the session, I asked dad if he would like an opportunity to share regarding his experience of the divorce and its aftermath. Dad describes his experience of being emotionally stuck following the divorce and his struggle to get his

life back together. He also expressed a desire to spend more time with his children, and felt sad to have less time with them.

Even though mom and dad did not engage in the activity, their decision not to participate, and their behaviour during the session provided important information about them and the family dynamics. When invited, mom declined the activity immediately and did not express interest in the children's work, perhaps reflecting a pattern within their home life whereby mom is consumed with other matters and is unavailable to the children. Dad on the other hand, may have participated in the activity if mom had not first declined, indicating that he is very influenced by mom, and is perhaps limited by his own insecurities. Dad's interest in the boy's activity may indicate a desire to be present and attentive, even if he is prevented from doing so because of his current emotional situation.

The activity used during this session supplemented the verbal assessment, opening communication pathways for the children. Prior to this activity, the children were quiet, distracted, and uninterested in the session, however, once they began working on the artwork, they became actively engaged in the session, and were able to participate verbally in the discussion. Half way through the session, the children abandoned the collective task of building a tower together, working individually instead with the art supplies while engaging in the discussion. The decision to abandon the activity was made because the activity had served as a sufficient warm-up, enabling the family members to begin active discussion. It was clear that this particular family was ready and able to join into conversation. Adam, the youngest child, was not able to participate in the discussion, and the activity provided an outlet for him to engage in the session, where he otherwise

may have felt left-out. In other cases, the children may not have been ready to join the discussion, and following through with the activity may have been preferable.

Furthermore, this activity allowed the children to establish a relationship with me (the therapist) as an adult who is interested and attentive to their experiences. Upon initiating this activity, I sat on the floor with the kids, putting me at the level of the children in this family. Engaging with the children in this way also helped to shift their image of me as an adult and professional, to an adult who can play and listen, and connect through playing. This shift in perspective is important, because it builds an alliance with the children, helping them to engage in therapy and feel safe within the therapy space.

Family Puppet Interviews

Puppets have been popular tools within hospital settings since the 1940's, helping children to cope with serious illnesses (Woltmann, 1940); the use of puppets has been tested and scientifically proven to be effective in helping children cope (Alger, Linn, & Beardslee, 1985). More recently, therapists have begun using puppets in therapy, specifically with families, as a tool for projection of emotions, relationships, and stories (Gil, 1994; Irwin & Malloy, 1975). In her book about play in family therapy, Eliana Gil describes the family puppet interview, a technique where family members are first asked to choose a puppet, then they construct a story together using the puppets and the therapist observes the process. Finally, the story is acted out, and the therapist joins the process, by interviewing the puppets, helping the family to find meaning in the roles they chose to play and the content of the story.

While the family constructs the story, the therapist observes the process, noting how the family works together, and the roles each member plays while working towards a common goal. This part of the activity allows the therapist to gain important information about the family dynamics. The therapist may pay particular attention to leadership and communication, as well as who contributes which parts of the story, and how these parts are integrated to form a whole, while also listening to the content of the story, and the symbols embedded within this story.

Then, the therapist observes the story being performed, and afterwards, he or she directs an interview with the characters of the story. This provides a chance for family members to play the role of their character and discuss their experience in the story. During the interview, the therapist may prompt the family to try the story again, allowing clients to try new characters or roles within the story, or perhaps changing the way the story ends (Gil, 1994).

Through this activity, the therapist also observes the willingness of each family member to engage in play with each other, allowing the therapist to assess how comfortable family members are working with spontaneity and play in therapy. This tells the therapist information about how the family likely works and plays together at home.

One of the benefits of the family puppet interview is that it reveals underlying family dynamics and relationships; symbols arise that represent underlying patterns that may not be accessible through direct conversation. Because the family members are playing a character during the interview, they are able to play with different emotions and experiences. They can also display their role within the family, or experiment with different roles within the therapy space.

The family puppet interview allows clients to bring real-life conflicts into the therapy space, without necessitating a discussion of literal events. Rather, clients can express and communicate their emotional experiences to each other with a distance from literal events. Given that we were in the early stages of treatment, the puppet interview allows the family to express and work with the family dynamics without necessitating a literal discussion of conflict. It is an ideal activity for an early session because the therapist can learn a lot of information about the family. The activity also provides an experience of bonding, sharing, creating and being playful within the therapeutic setting. If this activity were employed during later sessions, the therapist may choose to draw connections between the content of the story and characters and real problems within the family, thus decreasing the distance between the activity and the client's real-life experience.

The family puppet interview was used in the second appointment with this family. All family members were asked to choose a toy from a large selection of toys (including animals, action figures, dolls, toy cars, and various other objects typically found in a play therapy office). Each family member selected one or two objects from the box. I then instructed them to form a story together using the selected toys. Unlike the case examples provided in Gil's book (1994), a story did not emerge, despite several attempts to engage the family in a common story. Instead, all family members began working independently on their own stories. At this point, I became involved in the process, asking family members what characters they had chosen, and encouraging them to find connections among these characters. Despite several requests, the family was unable to form a story together, and several independent stories had emerged. I noted that neither mom nor dad

took leadership during this activity, instead, both remained passive and not invested in the task.

In response to the family's behaviour, I decided to steer away from the task of working together, which seemed to be difficult for the family members; instead, I asked each family member to construct their own story which we would then present to the group. Jason volunteered to go first; this was interesting given that he was adamant about not wanting to attend sessions, feeling that therapy was not necessary or useful. Jason depicted a story of the family during an argument that occurred the previous week, showing mom as a troll who angrily yelled at the children. Jonathan, who was likely influenced by this story, replicated the content in Jason's story, showing a physical fight between the family members during the same argument. Adam, the youngest, contributed to both of these stories, and did not present his own story.

Both mom and dad took this activity as an opportunity to present literal stories about their experiences in the family. Dad went first, showing himself (played by a toy plumber) waking up at 3AM to go to work for the day. At the end of the day, he takes care of the children, making dinner, and doing homework. At this point, Jason interrupted dad's story to comment that they ate dinner in front of the TV; perhaps wishing to distort the heroic character dad had created. Dad's story concluded with mom arriving home and "blowing up" at him because he had not completed all of the tasks she demanded, such as cleaning the kitchen and putting the children to bed.

Mom then responded to by sharing a story that reflected her experience of the same event, a story whereby she also worked hard all day and returned home to a mess and four kids that were not yet ready for bed. Michael told his story last, it was the first

totally fictional story, not based on a literal event that had occurred. In this story, all of the family members were riding on a monster truck, and mom was driving the truck, everyone else was riding in the back of the truck.

Michael, who normally takes the role of the peace-keeper within the family, was standing on top of all the other family members, protecting them and holding them inside the bed of the truck. In this story, mom is driving the truck, and drives the truck off a cliff; mom is the only survivor. Given the powerful symbols in this story, I chose to focus on it, asking Michael to comment on his character and how and why he was protecting the family members. He responded saying that he was protecting them from falling out of the truck. I asked other family members what their impression of the story was, neither mom nor dad seemed to be paying attention to the symbolism in the story, mom had literally disengaged from the session and was using her blackberry, dad seemed to be thinking about his own story, as he continued to hold and look at the characters he used.

The fact that neither mom nor dad attended while Michael the kids told their stories indicates that the parents are not receiving their children's attempts at communication. In order to help them attend to the story, I asked Michael questions about his story, repeated the content of the story, and reflected the feelings I heard in the story, namely, fear, anger, and protection. In reflecting these experiences verbally, I am making them available to the parents, teaching them to recognize emotional experiences present in their children's behaviours and play. With my help, both parents listened to their children's stories. With further help, hopefully the parents will be able to listen and reflect independently.

Interestingly, all family members chose to cast the family members into their stories, as opposed to constructing fictional characters, Michael was the only one to portray a fictional event, all others showed exaggerations of literal events. This indicates a willingness of the family to share recent, literal, events in therapy, and thus, a decreased need for distance between the activity and real-life content. Michael's story, on the other hand, although not literal, provided very powerful information about his role within the family. He also conveyed a lack of safety and a feeling that the family is headed towards disaster, with mom in the drivers' seat while dad is positioned with the other children in the backseat.

This activity provided a lot of information about this family, and served as an excellent assessment tool to be used in the second session given that I was still learning about the family dynamics. From the beginning of the task, we see that the family wishes to work independently rather than collectively, perhaps reflecting the high level of conflict and low level of cohesion within the family. This may indicate that they all have separate, individual, experiences they wish to share, experiences that thus far have not been heard when mixed in with the collective family story. Providing the opportunity for all family members to share individual stories allowed everyone an experience of being heard and validated. Perhaps at a later stage in therapy, family members will be able merge their stories together into a collective story. Second, we see that mom and dad both used this activity to disclose their negative feelings towards each other to me as well as the children. Given the ease at which both mom and dad shared this hostility, one might assume that this same level of hostility is present at a high frequency within the home environment.

Further, we gain information about the family member's ability to communicate, observing their difficulties in expressing themselves, as well as listening to others, and reflecting each other's experiences. The drama therapy activity created an event where the goal is to share with, and listen to, each other. Through the use of story, family members were able to share feelings that they may not have felt comfortable sharing with each other otherwise, and they may not have been available through verbal communication. For instance, when asked to describe how he feels about things at home, Michael claims he feels fine and happy. However, when telling his story, he depicted his family in a monster truck driving over a cliff, with mom in the driver's seat. In comparison with talk therapy, this activity structured the session so that each family member had a chance to share an experience with the group with distance from real or literal events.

In working towards strengthening communication within this family, this activity provides an experience of sharing for the children, and the parents as well. Sharing is an important component of communication; however, it does not constitute successful communication until the shared content is heard. Therapy is intended to model successful communication for parents, with the intention of teaching them first to share and hear, and then to empathize, validate, and reflect, the experiences of other family members.

Exploration of Roles

During the first and second appointments, I incorporated the roles played within the family into an activity. Mom continuously used these roles to make sense of the family members' behaviours. Michael is the "peace keeper" because he protects

everyone, and tries to stop fights at home. Jonathan is the “emotional one”, and Jason is the “deep one”. Adam did not seem to have a clearly designated role. Every time these roles came up in conversation, the boys each seemed to have a reaction to them, denying or arguing with these roles. Because of this, I decided to play with the idea of roles during the session. The roles taken on by the children, for instance, Michael’s role of the “peace keeper”, may indicate maladaptive patterns that exist within the family. It may be beneficial to practice a range of other roles within the sessions, enabling more flexibility and diversity of roles within family members.

With the intention of exploring these roles, I planned an activity during the third session whereby each family member would describe the roles everyone else plays in the family, these roles would then be explored as a group. I passed around a sheet of paper with each family member’s name on it, and asked everyone to write down roles that each person plays within the family.

The boys began prompting each other to write funny things on each person’s paper, however, they also contributed meaningfully. Jonathan and Michael seemed to take the activity seriously, and were concerned about having enough time to write on everyone’s paper. Mom and dad wrote on everyone’s paper as well. Most written comments were very positive, including comments that mom and dad wrote about each other.

When everyone had finished, I collected the papers and reflected the content back to the family, offering opportunity to discuss the content of each paper. The most interesting were mom and dad’s papers, on which the kids had written narratives about things they like about mom and dad (“that dad plays outside with us/that mom watches

movies with u"s). Also, they had commented that dad gets sad sometimes, and that mom is frequently angry. This provided a starting place for discussion – leading me to inquire how dad and mom felt about these comments. This led to mom discussing her emotional reactions with the children, describing her internal process when she becomes upset. Dad also reflected on his emotional reactions, and acknowledged that he does sometimes feel sad and he does show this to the children. This demonstrates both mom and dad gaining an awareness of the roles and patterns within the family.

Following this, I reflected more generally about the patterns I saw in the comments – whereby Michael, the 8 year-old, seemed to assume many of the normal parenting roles (“protector”, “insightful”), and the parents were assigned very emotional roles. I also reflected my observations of Michael during the process of the activity whereby he wrote complimentary things on both mom and dad’s papers, for instance: “best mom and best dad in the world”, perhaps in an attempt to ease any conflict that may arise during the process of the activity. At this point, both parents were able to acknowledge that Michael seems to contain the emotion of the entire family, and this worries them.

Mom began having a discussion with Jonathan about how the comments on their two cards were similar, indicating that they are both very emotional. They both established that their emotions are problematic because they cause them to react rather than listening to each other and other members of the family. According to Landy’s role theory (1993), we see that many member of the family have become stuck in particular roles (mom as the emotional one, dad as playmate, and Michael as peacekeeper), and all could benefit from experimenting with new, different roles.

In addition to exploring roles, this activity was chosen to facilitate communication, providing an opportunity for each client to express themselves on paper, and preventing family members from disputing each other's input. The process of documenting each role on paper solidified and validated each family member's opinion, an effect that would not have occurred in a verbal discussion whereby opinions could more easily be disputed. Furthermore, having the roles documented on paper may have changed the way they are perceived, for instance, during this activity, mom acknowledged that Michael is indeed performing in the role of a caregiver to other members in the family, and that this might not be a healthy role for him to be stuck in.

In addition to facilitating sharing, this activity enabled family members to receive information from each other about the family. As is frequently done in narrative therapy (Jennings, 1990), the process of interviewing individuals following the activity while the family acted as an audience, helped family members to hear about each individual's experience in their assigned roles. Therefore, this activity is again providing an activity where the goal is to listen to each other while the therapist models appropriate listening and reflecting techniques.

Use of Story to Depict Real-life Events

Sessions 4 and 5 were spent in individual sessions with mom and dad. The 6th session consisted of mom and the kids. They arrived wanting to discuss a recent vacation that mom had taken; dad stayed at home with the kids while she was away. When asked, the kids told mom that this week was fun, but they missed her a lot while she was gone.

Jonathan commented that Adam had woken up in the middle of the night crying and had slept in Michael's bed while she was away because he was afraid.

I asked the kids if they could tell me a story about their week without mom using the toys in the room. Again, the children worked individually despite several attempts to find commonalities among their stories. Instead, they constructed individual stories about their experience of mom's absence. Jason began. His story started out with all of the boys in bed together. While they were sleeping, a burglar broke into the house and attacked all of the boys. They defended themselves and hurt the burglar; all of this happened while dad slept in the next room. Then Jonathan told a story that mom went on vacation and didn't return home. Michael told a story about the family as characters in a war, fighting until everyone was dead. Last, Adam also told a story about the family as army figures, fighting.

I asked mom to share a story with us about her experience of being away for the week. Mom's story remained in the literal, she enthusiastically described her vacation as relaxing and fun, with an unfortunate return home. She spoke directly to me, rather than to the group. It is important to note that mom was unable to see the concern and fear present within her children's stories; during her story she did not express any sadness from being away from her children. Thus, mom is not hearing signals from her children that indicate they need comforting and reassurance from her..

We learn a lot of information about the how the kids felt about their mom's vacation through story; this same information was not available in a verbal discussion. First, there is a prominent, underlying sense of fear and unsafely expressed by all children. Following the children's stories, I probed them to explore the content of the

stories, asking them if they thought a burglar could really break into their house, and do they think dad would really sleep through this. All boys replied yes, this could happen, and yes, dad might sleep through the robbery. This gives me a lot of information about the boys' view of dad; they do not trust him to perform as a protector. Jonathan and Michael have both commented that dad often appears sad, and he frequently falls asleep while he is looking after them. I brought this up and wondered if the boys might feel that there is no adult in the house when mom is away. Jason and Jonathan confirmed that this is how they feel some times, whereas Michael denied this, it is not clear if this is how he actually feels, or if he felt a need to defend dad.

I then chose to focus on Jonathan's story about mom not returning home. I asked him if he thought it could happen that mom might not return home from a vacation, mom answered this question for him, saying "no". At this point, Michael responded to the question by saying that actually he was worried that mom might not return home. Other kids were not sure if they thought this may be a realistic fear. I encouraged mom to explore this idea with the boys, by asking them to discuss why they feel this way, and asking mom if she can think of any reason the kids may feel this way. At this point, mom talked about her thoughts about possibly moving or taking a vacation with or without the kids, but explained that she would never be able to actually leave the kids. I then talked with mom about making sure that the kids know how important they are to her, and we discussed how she might convey these feelings to them. Following this, mom reassured the kids again that she would never leave them, seeming to understand that even though their stories were fictional, their fear was real.

These fictional stories allowed the kids to project and express fears that they were uncomfortable or embarrassed to admit in real-life. These children eagerly took the opportunity to explore their fears within the disguise of a fictional story. Mom was not able to hear the content of the story herself, but with guidance, she was able to make sense of the stories, and understand their meaning. After hearing the meaning of the stories, mom was then able to reassure the children that she loves them and would not leave them. In this activity, I modeled listening and reflecting skills, and assisted mom in using these skills to listen to her children's stories.

This activity pushes the family past the point of assessment and eliciting information, and moves into treatment by helping them repair conflict. With assistance, mom is able to hear her children's concerns, and she is guided to comfort and reassure them.

Dramatic Doubling

The following week, dad attended a session alone with the second oldest child, Jonathan. The other children were left at home this week because they were sick. We spent the session talking about Jonathan and his experience of therapy thus far. At one point, I asked Jonathan how he thought dad was doing, he responded by saying "good... I mean, fine". I explained to Jonathan that tonight we were going to try an activity whereby he would use *dramatic doubling* to embody his dad. In this instance, I chose this activity because I wanted to open a dialogue about dad's unhappiness, and help Jonathan communicate the concern he voiced in the previous session with mom.

Jonathan seemed to be embarrassed at first. I encouraged him to go on, reassuring him that we were only pretending, after a minute, Jonathan began speaking for his father, and laughed as he began to embody him. I asked Jonathan how dad was doing, and he said “fine, but tired”, glancing back to his dad for approval. Then he commented that his dad’s eyes are always red, looking as though he is about to cry. I asked Jonathan if he is sad, and he said “yes, and tired, because I’m always falling asleep”. I continued to interview Jonathan as dad, asking him about his relationship with his father, and he described many of the fun things they do together, including going to carnivals, and playing games outside. He also discussed how hard it is, from his father’s perspective, to get the kids to do homework.

At this point, Jonathan stopped speaking for his father, and began speaking directly to him about homework and their weekend plans. I asked Jonathan if we could talk a little bit more about what it’s like to see his dad unhappy, at this point, he turned to dad and said that he was worried that his dad was unhappy. Dad denied this, saying that he was simply tired. Jonathan reminded dad of different times where he had been sad, and finally dad admitted that he was quite sad lately, and wished things were the way they used to be. He said that he wanted to spend more time with the kids, and he worried that they do not enjoy the time they spend with him.

I thanked dad for sharing this, and I also commented that Jonathan must have sensed dad’s unhappiness, and this must be a difficult weight for him to carry. Jonathan responded with a story about his brother, Michael, who was crying at school last week. Dad expressed concern for Michael and Jonathan. I talked to dad about how the kids might be carrying his sadness inside them, and that they need to know that he is ok. Dad

talked to Jonathan within the session, comforting him, and reassuring him that he is sad, but ok.

This process demonstrates an effective attempt at communication; Jonathan expressed his feelings and concerns to his father, who listened to his feelings, thought about them, and then reflected them. Furthermore, the father is now able to integrate this experience into his own life, reflecting on his own behaviour and how his children perceive him.

The use of doubling here, allowed Jonathan to communicate his perception of his father's feelings by providing a playful activity to introduce the topic and warm Jonathan up, preparing him to share his feelings with his father. This activity also enabled dad to see that his unhappiness is not hidden, as he may have intended, but rather, the children can see that he is depressed, and they are affected by this. Here, dad was able to receive information that he was otherwise not able to observe through his day-to-day interactions with his children.

Chapter 6: Integration of Theory and Results

For the purposes of this report, five particular interventions were chosen to illustrate how drama therapy activities can be used within family therapy to facilitate communication. Using drama therapy activities, whether for assessment or therapy, has several benefits. The first is that these forms of activities provide the therapist with an array of information about the individual clients, and their relationship to each other. Engaging in dramatic activities requires clients to be playful and spontaneous, and the therapist may observe that some clients are uncomfortable playing with different roles, or

stepping out of a defined comfort zone. This sort of technique is especially useful when working with families with young children who are comfortable using play to communicate. Parents on the other hand, sometimes find it difficult to make sense of the children's play, or have difficulty playing with their children. These types of activities in therapy can strengthen these pathways, improving communication between family members.

The use of the Circumplex Model (Olson & Gorall, 2003) provided a lens through which to interpret behaviour within the family system. This model then guided the drama therapy interventions, providing specific goals, such as improving communication, and balancing flexibility and cohesion, which could be addressed using drama therapy methods.

Given the limited duration of this particular treatment process (limited to describing 7 sessions), the amount of change expected following this treatment needs to be realistic. Despite the limitations on this project, it is still possible to draw conclusions about the effectiveness of this treatment in improving communication. As described, drama therapy activities provided an opportunity for the children to express their feelings and experiences. In several of these instances, mom and dad are not receptive to these expressions. Through using drama therapy, I assisted the family in finding meaning in the stories and activities, helping mom and dad to receive the kids' experiences. This intervention enabled the expression and reception of a few important messages within this family, however, more work is needed before the family will be able to express and receive each other's messages independently. Essentially then, these sessions had the

effect of helping the children express themselves, and begin to restructure the way they communicate within the family system.

The eventual goal of this intervention would be that mom and dad would be more attuned to receiving messages about their children's emotions, and would be able to receive messages independently and with greater ease. It is recommended that the family continue in treatment with drama therapy for the remainder of the academic year, with a focus on strengthening communication. Following this, the family is advised to continue in therapy, either as a whole, or as individuals. Both parents could benefit from individual therapy to provide support and address their own struggles leading up to and following their divorce. Furthermore, future therapy may focus on helping mom and dad to individuate and become less involved in each other's lives.

During supervision, my supervisor equated doing therapy to riding the metro; to be more specifically, he said that during an academic school year, the therapist can help a family to make important changes and improvements in many domains, however, when therapy ends, the family will still have many things to work on. In other words, the therapist might take a family from point A to B, then the family may need to transfer, or get back on the metro at another point in time, when they will travel to C, or D.

In this case, drama therapy helped family members to express themselves in a time of intense conflict, and slowly, members learned to listen to and hear each other, and towards the end, they began to gain insight into some large issues within the family (ie: children's fear of abandonment, and dad's depression). Through using drama therapy activities, the space was opened for family members to tell stories and share their experiences.

As described in this thesis, we see that the family was unable to communicate effectively, and despite attempts, they were unable to express and listen to each other. Working within the playspace shifted the family out of their normal patterns of relating to each other, and provided a playful means of expression, this, in many sessions, enabled family members to open up, and be heard. As my supervisor said, this family moved from A to B, and if they continue in treatment, perhaps they will make it to C, or D, where they are able to make other changes within their family system.

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Appendix A: Consent Form

CONSENT TO PARTICIPATE IN:

“The use of drama therapy with families according to the Circumplex Model”

This is to state that I agree to participate in a program of research being conducted by Londa Daniel of the Department of Creative Arts Therapies at Concordia University.

PURPOSE

I have been informed that the purpose of the research is to investigate the use of drama therapy techniques in family therapy using the Circumplex Model of family systems.

PROCEDURES

This research will be conducted at the Jewish Family Services organization in Montreal. In agreeing to participate in this study, participants are agreeing to complete a questionnaire about their family's relationships, both before and after treatment. Participants are also consenting to the use of information in a research paper. A great level of care will be taken to ensure that no identifying information will be used, and participants will be given pseudonyms to ensure confidentiality. Furthermore, the decision to consent will in no way affect their treatment at the Jewish Family Services.

RISKS AND BENEFITS

Risks: Throughout treatment, it is possible that participants may experience emotional discomfort while working on significant patterns and relationships within their family. Attempts will be made by the therapist to minimize any possible harm that participants may experience.

Benefits: The goals of this intervention are to help participants address problematic patterns within their family structure and improve communication.

CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at anytime without negative consequences.
- I understand that my participation in this study is CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity)
- I understand that the data from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print)

SIGNATURE

If you have any questions about the research study, confidentiality, or your participation in therapy at the Jewish Family Services, please contact Londa Daniel at 514-249-5902 or by email at londa.daniel@utoronto.ca.

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance unit, Concordia University, at (514) 848-2424 x2425 or by email at kwiscomb@alcor.concordia.ca.